

**PATENT****UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF: STEPHEN R. GLASER

APPLICATION NO.: 10/718,614

FILED: NOVEMBER 24, 2003

FOR: **METHOD AND APPARATUS FOR  
PERFORMING VISION SCREENING**

EXAMINER: MANUEL, GEORGE C.

ART UNIT: 3762

CONF. NO: 1603

Commissioner for Patents  
P.O. Box 1450  
Arlington, VA 22313-1450**TRANSMITTAL**

- ☒ Transmitted herewith are the following documents for the above-referenced application:
- ☒ Response to the Non-Final Amendment

**STATUS**

- ☒ Applicant is:
- ☒ small entity.

**EXTENSION OF TIME**

- ☒ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input checked="" type="checkbox"/>	two months	\$ 450.00	\$225.00

- ☐ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

- ☒ If an additional extension of time is required please consider this a petition therefor.

- ☐ An extension for \_\_ months has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested: No Extension fee due with this request

**FEE FOR CLAIMS**

- ☒ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY Filing Fee: \$150.00	OR	OTHER THAN A SMALL ENTITY Filing Fee: \$300.00
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee	Rate  Addit. Fee
Total *	18	Minus	20	=	x25=	\$	x500= \$0
Indep. *	3	Minus	4	=	x100=	\$	x200= \$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+180=	\$	x360= \$0
					TOTAL ADDIT. FEE	\$	OR  TOTAL ADDIT. FEE  \$0

- ☒ No additional fee for claims required.  
☐ Total additional fee for claims required \$0.00

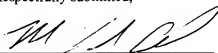
#### FEE PAYMENT

- ☐ Attached is check No. \_\_\_\_\_ the sum of \$ \_\_\_\_\_ as payment for \_\_\_\_ ( ) month extension.  
☒ Charge Account No. 50-2283 the sum of \$225.00.

#### FEE DEFICIENCY

- ☒ The Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2283 (61538-8001).

Respectfully submitted,

  
Michael A. Oblon  
Registration No. 42,956

Date: June 12, 2006

#### Correspondence Address:

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